

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040954

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 41

STATE FILE NUMBER

FILED NOV 4 1963

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Iowa</b> b. COUNTY <b>----</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bowling Green</b>		c. CITY OR TOWN <b>Fort Madison</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>On Highway # 61</b>		d. STREET ADDRESS (If outside, give location) <b>1134 1/2 Ave. G.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LARRY EDWARD WRIGHT</b>		4. DATE OF DEATH Month Day Year <b>Oct. 14, 1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-11-1943</b> 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Union Electric Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Laborer</b>	
11. BIRTHPLACE (City and state or country) <b>Brookfield, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>US</b>	
13a. FATHER'S NAME <b>Edward C. Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Vera Ross</b>	
14. NAME OF HUSBAND OR WIFE <b>None</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>-----</b>		17. INFORMANT <b>Mrs. Vera Wright Fort Madison Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Trauma to Heart - Crushed Chest</b> <b>Ruptured Vena Cava</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>-----</b> DUE TO (c) <b>-----</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Subject lost control of the car he was driving &amp; collided head-on with tractor-trailer truck.</b>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Subject lost control of the car he was driving &amp; collided head-on with tractor-trailer truck.</b>		20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>4:35 Oct 14-63</b>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hy 61</b>	
20f. CITY, TOWN, OR LOCATION <b>Bowling Green Pike Mo.</b>		20g. COUNTY STATE <b>Mo. Iowa</b>	
21. I attended the deceased from <b>4:35 A</b> to <b>4:35 A</b> and last saw him <b>Oct 14</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J. B. Mudd</b> (Degree or title) <b>Coroner</b>		22b. ADDRESS <b>Bowling Green Mo.</b>	
22c. DATE SIGNED <b>Oct 14-63</b> (State)		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>Oct. 14, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Fort Madison, Iowa</b>		24. FUNERAL DIRECTOR <b>Ralph Nieters, Fort Madison, Iowa</b>	
25. DATE RECD. BY LOCAL REG. <b>Oct 14, 1963</b>		26. REGISTRAR'S SIGNATURE <b>Maidas B. Williams</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0821  
2 8140  
3  
4 0  
5 0  
6  
7 0  
8 1  
9 X  
10  
11 082  
12 91-11  
13 1-0

Permit issued  
Oct 14, 1963  
Mailee E. Williams  
Local registrar Dist. 277

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James C. Mordel

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.